



INTEGRATE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS INTO THE POST-2015 SUSTAINABLE DEVELOPMENT AGENDA AT THE NATIONAL LEVEL, LAO PDR

Introduction

The Lao People's Democratic Republic (PDR) is a landlocked, mountainous and forested country and became a land linked country since 1997 as member of ASEAN, with estimated population of 6.6 million in 2012. Lao PDR still has one of the highest maternal mortality ratios (MMRs) in the region although the ratio has declined over the years to 357 per 100,000 live births: which means that for every 1,000 children born alive, four women die during pregnancy, delivery, or within two months of childbirth (MOH, Lao Statistics Bureau, 2013), however, the estimation of MMR by the expert working group was 197 per 100,000 live births in 2015 (WHO, UNFPA, WB group, UN, 2015). The complex socio-economic-political context and the geographical diversity of the country pose several challenges in addressing the high maternal mortality. Social determinants such as poverty, inadequate access to education, food and nutrition, water and sanitation have a direct bearing on health outcome. Inequalities based on gender, disability and geographical location further exacerbate the conditions and adversely impact the health of women, children and young people. Early and child marriage, unsafe abortion, unintended pregnancies, inadequate access to sexual and reproductive health services including contraception also contribute to the high maternal mortality and morbidity. Adopting a continuum of quality care approach and ensuring universal coverage of care can avert a significant

proportion of maternal deaths (<http://arrow.org.my/publication/fulfilling-womens-right-to-continuum-of-quality-care/>).

The Post 2015 framework is addressing the unfinished business of the Millennium Development Goals (MDGs). These goals and targets must build on the achievements as well as on the weak points of countries, particularly least developed and developing countries from achieving these targets. The framework are far beyond the MDGs and consists of 17 sustainable Development Goals (SDGs) and 169 targets which included accelerating the progress in reducing the Newborn, Child and MMR and ensure universal access to SRH services, including for family planning, information and education (UNDP, 2015).

Goals, Targets and Indicators

We (The University of Health Sciences) call for the full integration of all the proposed 17 sustainable development goals into the national development plans post 2015 in Lao PDR, especially Goal 3 on ensuring healthy lives and promoting well-being for all at all ages; Goal 4 on ensuring inclusive and equitable quality education and promoting lifelong education for all, and Goal 5 on achieving gender equality and empowering all women and girls.

We call for the full integration of all targets including **target 3.1** to reduce the maternal mortality ratio to less than 70/100,000 live births; **target 3.7** on universal access to sexual and reproductive health services...; **target 3.8** to achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. Table 1 is presented the Goal, target and related indicators.

Table 1: Indicator of SDGs for the monitoring at the National Level, Lao PDR

ADVOCACY BRIEF

(UHS)

Target	Indicators
Goal 3	Ensure healthy lives and promote well-being for all at all ages
Target 3.1 , to reduce the maternal mortality ratio to less than 70/100,000 live births	Coverage of ANC (at least 1 and 4 visits);
	Coverage of Postpartum / Postnatal Care within 48 Hours /2 days of Delivery by a Skilled Health Provider (At least one visit)
	Maternal deaths per 100,000 live births
	Skilled birth attendance
	Access for EmoOC services
Target 3.7 on universal access to sexual and reproductive health services...	Adolescent birth rate
	Unmet need for contraception,
	Demand satisfied modern contraceptives
	Whether SRHR are integrated into laws and policies (i.e., access to contraceptive services without spousal or parental/guardian's authorization/ notification and without age limitation)
	Percentage of primary health care facilities that provide the basic SRH package (gynaecological services , maternal and newborn care with referral to EmONC, sexually transmitted infection and STI and HIV diagnosis and youth friendly services)
Target 3.8: Achieve UHC, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	Antenatal care coverage (At least four visits)
	Interlinkages between gender-based violence and health
	Presence of youth friendly services.

Means of Implementation

There is a need to provide access to benefits of scientific progress, technology, innovation, and knowledge transfer in the areas of health and well-being including SRH for all, building on a rights based gender sensitive and equitable framework.

Technology, Medicine & Equipment

- There is a need to enable equitable universal access to health services, diagnostic commodities, affordable medicines and essential drugs to ensure the realization of SRHR for all levels from local to the national levels, including the hard-to-reach areas.
- Improve health surveillance technologies with computer-based systems currently functional at the central level and some provincials, but not yet at the district levels.
- Develop national guidelines and standard protocols for SRH treatment & prevention and IEC materials for SRHR and disseminate these SRH guidelines and protocols from the central to the primary health care.
- Issue of accessibility to the new technology of SRH by rural, ethnic and poor women in order to hold the government accountable.

Trade

- Promote a universal rule-based, non-discriminatory and equitable multilateral trading agreement under WTO and access to affordable medicines and diagnostics.

Building Capacity

- There is a need for capacity building of health workforce, particularly Obstetric-Gynecology specialists, midwives and skilled birth attendants (SBA) in areas of health services and care

including SRH. This should include short term and long term training in SRHR areas both within the country and outside,.

- More capacity building of staff responsible for the health information system for effective analysis and use of SRHR data.
- Train health staff to use the guidelines for SRHR and to use appropriate technology related to SRH.
- Put in place continuous training programs in provision of basic emergency obstetric and newborn care (BeMONC) and comprehensive emergency obstetric and newborn care (CeMONC) and safe abortion services, administration of family planning technologies
- Train teachers and peer educators in Comprehensive Sexuality Education (CSE)¹, so, they could provide good quality of CSE to young people and providing youth friendly services at all levels. The CSE should be designed to motivate and assist students to maintain and improve their sexual health, prevent disease and reduce sexual health-related risk behaviors

Multi-stakeholder partnership

- Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships.
- Strengthen the health sector working group (SWG) coordination mechanism which is an important government–donor forum for

¹ Comprehensive Sexuality education is included a variety of topics including anatomy, physiology, families, personal safety, healthy relationships, pregnancy and birth, sexually transmitted diseases including HIV, contraceptives, sexual orientation, pregnancy options, media literacy and more. It should be medically accurate. Qualified, trained teachers should provide sexuality education.”

cooperation on health issues in the Lao PDR. It comprises of members of the Government, United Nations agencies, bilateral and multilateral donors, and international NGOs.

- Strengthen the coordination mechanism among different organizations working at provincial, district and grass-root levels.
- Establish community links with different stakeholders.
- Systemic obstacles, such as restrictive intellectual property rights, corporate control and trade regimes, must be addressed by the government to ensure equitable access to health and SRH services for all. For Lao PDR, technology patents create barriers to health, especially SRH information and services. Geographical inaccessibility, especially for hard to reach areas also presents itself as a systemic obstacle.

Financing

The issue of financing is fundamental to women's and young people's health and rights. Without adequate allocation of public resources for health, women especially marginalized women and young people will not be in a position to access health services, including sexual and reproductive health services.

There is a need to strengthen domestic resource mobilisation and allocate resources to empower women and young people as well as provide universal access to sexual and reproductive health services. In addition, there is a need to ensure that financial resources are specifically allocated for sexual and reproductive health related commodities, medicines and equipment. The following actions should be focused on:

- Favourable economic performance supported by greater fiscal capacity for the Government to spend more on the health of the population. A portion of the government revenue generated from hydropower is to be spent on health which should include SRHR;
- Emphasis has been placed on greater government investment in

the health sector, especially SRHR. While this does seem warranted, much less attention is given to how any additional government funding would be allocated to achieve the greatest benefit as the General government expenditure on health (GGHE) as % of General Government expenditure (GGE) is 6% in 2012.

- Put in place sustainable and predictable financing for maternal, neonatal and child health services, adolescent sexual health services and CSE by mobilizing resources from domestic and international organizations.
- The government is concerned about “sustainable health financing” by mobilizing additional financial domestic resources such as the revenue from the Hydropower project in order to increasing the government health budget, expansion of prepayment schemes, and developing the health equity fund to ensure that the poor have access to health services in order to achieve the universal health coverage.

ODA plays a defining role in financing in Lao PDR (Net ODA received (% of gross capital formation) in Lao PDR was 12.84 as of 2013), We call upon the developed countries to fully implement their ODA commitments including 0.7% of GNI in ODA to developing countries of which 0.15 - 0.20 % are allocated to least developed countries. Of this ODA, allocation should be made towards financing women's and young people health and rights including SRHR.

- Mobilize the government budget and ODA for the implementation of the comprehensive SRHR interventions by increasing domestic resources and national health spending on SRHR.
- Innovative financing such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), Luxembourg Development, Japanese Government, Korean Government, Asian Development Bank (ADB), and the World Bank has to be explored in order to

mobilize health financing towards SRHR, which has been regulated.

Accountability

Government to regularly present progress reports on overall SDG goals, targets and indicators, based on high-quality, timely and reliable data disaggregated by wealth index, gender, age, urban/rural with road/rural without road, ethnicity, migratory status. This activity needs to be financed appropriately in state budgets.

Governments to put in place effective and transparent accountability mechanisms/ grievance redress mechanisms involving all stakeholders at all levels, including, village, districts, provincial and central levels to ensure the realisation of SRHR for all. For Lao PDR, complaints can be reported to the call centre of the Parliament Office, though this service is still confined to urban areas. Corrective actions have yet to be taken by responsible agencies.

There is a need to put in place systems that track public expenditure on health including SRH; track donor and financial commitments and allocations for health sector specifically for SRHR, national level policy and programme implementation on health including SRH, and put in place the effective accountability mechanisms to assess action by the private sector, ethics of work, environmental sustainability issues.

There is a need to improve government accountability, including financial accountability, will also help towards achieving the goals of the health sector reform in Lao PDR.

Community monitoring and accountability mechanisms should be promoted, encouraged and addressed effectively by the state and other stakeholders.

Recommendations

- Increased public health financing is required to achieve universal health care coverage. In Lao PDR, the continued timely implementation of government commitments to increasing health expenditure. Further expansion of the free health care law for women and children is required to improve access to care.
- Provide more community education to raise awareness of obstetric complications and maternal, perinatal morbidity and mortality issues and negative health consequences of abortion and targeting on women, local leaders, household heads and in particular men on danger signs of pregnancy, delivery and shortly after birth.
- Increasing access to basic EmOC facilities and upgrading existing basic EmOC facilities. There should have a national plan to ensure a proper EmOC network for referrals, so women could have a proper timely access to EmOC services. Develop the referral guidelines for senders and receivers along the continuum of care from household to basic to comprehensive EmONC services, particularly from remote and rural areas.
- Further efforts are required to improve skilled attendance at birth. These include continued training and deployment of midwives, improved facility infrastructure and supplies, and efforts to improve and sustain quality of routine delivery care.
- Provide MCH & SRH services more culturally appropriate and gender sensitive. Culturally-appropriate MNCH programming helps to ensure that marginalized groups obtain access to SRH information and services. This pertain provision of the full range of family planning, maternal and child health nutrition, BeMONC and CeMONC services, services of post abortion care, STIs/HIV/AIDS prevention and treatment, and services for gender based violence.
- Ensure access for adolescents and youth to quality youth-friendly

SRH services by assuring availability and access to youth-friendly SRH and counseling services at the health facilities for both unmarried and married young people.

- Multi-stakeholder partnership should be strengthened in order to commit to the SDGs.

About Faculty of Postgraduate Studies, UHS

The Faculty of Postgraduate Studies is one of the seven Faculties located in the University of Health Sciences, Vientiane Capital City, Laos and was established in 2001. The Faculty is responsible for higher education of different fields such as Residency Program, Master Program of Public Health, and Family Medicine and has a unique leadership position in postgraduate studies in the Field of Medicine and Public Health.

The objectives of the Faculty of Postgraduate Studies are to achieve the following human resource development goals.

- Provide higher level of Postgraduate Studies, including Medical & Public Health Education within the country.
- Conduct Researches both in Public Health & Medicine to promote health and participate in community Health services.
- Train specialists in different fields of Medicine and Public Health personnel in response to current & emerging needs of the local people.
- Provide technical services to the local people.
- Integrate technologies and practice, and interrelate research and educational activities.
- Collaborate with different partners at the national and international levels.

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